

CLAIMS ONLY

Application Number

10/715, 7211

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED 9/3/05 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|--------------------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 5 | | | | | |
| Total Depend | 23 | | | | | |
| Total Claims | 28 | | | | | |

| * May be used for additional claims or amendments | | | * | | | * | | |
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| Total Indep | | | | | | | | |
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| Total Claims | | | | | | | | |